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Bib Data Sheet

CONFIRMATION NO. 6176

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|-----------------------------|--|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>09/841,025 | FILING OR 371(c)<br>DATE<br>04/24/2001<br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1625 | ATTORNEY<br>DOCKET NO.<br>1662/52602 |
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/199,298 04/24/2000 and claims benefit of 60/206,025 05/22/2000 and claims benefit of 60/225,364 08/14/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 07/03/2001

|                                 |  |                            |                      |                     |                          |
|---------------------------------|--|----------------------------|----------------------|---------------------|--------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                    | STATE OR COUNTRY<br>ISRAEL | SHEETS DRAWING<br>16 | TOTAL CLAIMS<br>123 | INDEPENDENT CLAIMS<br>66 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |                            |                      |                     |                          |
| Verified and Acknowledged       | <i>Alex</i> Examiner's Signature <i>ce</i> Initials  |                            |                      |                     |                          |

**ADDRESS**

26646

**TITLE**

Zolpidem hemitartrate

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| FILING FEE RECEIVED<br>7986 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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